



# TONG LUCK AUTO PTE LTD

160 SIN MING DRIVE #07-01/06 SIN MING AUTOCITY, SINGAPORE 575722

Tel: 6250 0088 Fax: 6250 5545

Email: operation@tlauto.com.sg

GST No: 201700521W UEN No: 201700521W

PAGE: 1

M/S : DAIMLER FLEET MANAGEMENT S'PORE PTE LTD

1 GATEWAY DRIVE  
#15-08 WESTGATE TOWER  
SINGAPORE 608531

TEL : 6849 8118 FAX :

ATTN : ACCOUNTS DEPT

YOUR REF NO : SMX9317Y

CLAIM TYPE : THIRD PARTY

TP INS. CO. : AXA INSURANCE SINGAPORE PTE LTD

ACCIDENT DATE : 27/08/2022

TP VEH REG NO : SMX9317Y

## ESTIMATE

NO : QUOT202208-000060(00)

DATE : 30/08/2022

POLICY NO : 999995580

VEH REG NO : SLQ7955S

MAKE/MODEL : MERCEDES BENZ C180  
AVANTGARDE (R17 LED)

CHASSIS NO : WDD2050402R279913

ENGINE NO : 27491030944597

REG. DATE : 2017

## Estimate Repair Cost to Vehicle No : SLQ7955S

Description	Quantity	Unit Price	Amount
		S\$	S\$
<b>NET PRICE</b>			
1 Bootlid	1	2,696.00	2,696.00
2 Bootlid weatherstrip	1	238.00	238.00
3 Bootlid outer side garnish -- RH / LH (Top)	2	65.00	130.00
4 Bootlid lock	1	325.00	325.00
5 Bootlid centre logo	1	56.00	56.00
6 Bootlid '9G-TRONIC' emblem	1	95.00	95.00
7 Bootlid hinges -- RH / LH	2	288.00	576.00
8 Bootlid 'C180' emblem	1	130.00	130.00
9 Bootlid inner garnish	1	285.00	285.00
10 Bootlid inner garnish clips	10	12.00	120.00
11 Bootlid centre chrome	1	172.00	172.00
12 Rear number plate lamp - RH / LH	2	34.00	68.00
13 Rear end panel	1	1,769.00	1,769.00
14 Rear end panel top garnish	1	182.00	182.00
15 Rear end panel top garnish clips	10	12.60	126.00
16 Taillamp assy - RH / LH	2	865.00	1,730.00
17 Taillamp lower bracket LH	1	45.00	45.00
18 Rear bumper	1	2,020.00	2,020.00
19 Rear bumper reinforcement	1	830.00	830.00
20 Rear bumper side retainer -- RH / LH	2	75.00	150.00
21 Rear bumper reverse sensor	4	215.00	860.00
22 Rear bumper reverse sensor seal	6	12.00	72.00
23 Rear bumper clips	15	9.00	135.00
24 Rear bumper centre inner frame	1	125.00	125.00
25 Rear bumper lower spoiler	1	275.00	275.00
26 Rear bumper lower centre bracket	1	145.60	145.60
27 Rear bumper lower spoiler clips	8	10.00	80.00
28 Rear bumper lower bracket RH/LH	2	46.00	92.00
29 Rear bumper lower chrome	1	316.00	316.00
30 Bootlid spare tyre compartment top board	1	440.00	440.00
			14,283.60
		Less 10%	1,428.36
			12,855.24



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1 GATEWAY DRIVE  
#15-08 WESTGATE TOWER  
SINGAPORE 608531

TEL : 6849 8118 FAX :

ATTN : ACCOUNTS DEPT

YOUR REF NO : SMX9317Y

CLAIM TYPE : THIRD PARTY

TP INS. CO. : AXA INSURANCE SINGAPORE PTE LTD

ACCIDENT DATE : 27/08/2022

TP VEH REG NO : SMX9317Y

## ESTIMATE

NO : QUOT202208-000060(00)

DATE : 30/08/2022

POLICY NO : 999995580

VEH REG NO : SLQ7955S

MAKE/MODEL : MERCEDES BENZ C180  
AVANTGARDE (R17 LED)

CHASSIS NO : WDD2050402R279913

ENGINE NO : 27491030944597

REG. DATE : 2017

## Estimate Repair Cost to Vehicle No : SLQ7955S

Description	Quantity	Unit Price	Amount
		S\$	S\$
<b>SPECIAL NET</b>			
31 Rear number plate	1	40.00	40.00
			40.00
<b>LABOUR</b>			
32 To remove & refit rear bumper sensor	1	100.00	100.00
33 To check & rectify wiring system	1	80.00	80.00
34 To transfer damage bootlid interior mechaism to new bootlid	1	120.00	120.00
35 To panel beat and straighten rear floorboard panel, rear chassis frame, to cut and weld rear end panel, , including replacement of parts and align where necessary, to refit and adjust the the same	1	1,500.00	1,500.00
36 To putty & spray paint on affected area	1	1,500.00	1,500.00
37 To apply rust-proofing on replaced and repaired panels	1	160.00	160.00
			3,460.00
		TOTAL	S\$ 16,355.24
		ADD GST @ 7%	1,144.87
		GRAND TOTAL	S\$ 17,500.11

SINGAPORE DOLLAR SEVENTEEN THOUSAND FIVE HUNDRED AND CENTS ELEVEN ONLY

FOR TONG LUCK AUTO PTE LTD

  
AUTHORISED SIGNATURE



## TONG LUCK AUTO PTE LTD

160 SIN MING DRIVE #07-01/06 SIN MING AUTOCITY, SINGAPORE 575722

Tel: 6250 0088 Fax: 6250 5545

Email: operation@tlauto.com.sg

GST No: 201700521W UEN No: 201700521W

AXA INSURANCE SINGAPORE PTE LTD  
8 SHENTON WAY  
#24-01 AXA TOWER  
SINGAPORE 068811

01 September 2022

Attn: MOTOR CLAIMS DEPT

Dear Sirs / Madam,

RE: ACCIDENT INVOLVING VEHICLE NO.: SLQ7955S & SMX9317Y ON 27/08/2022 @ 13:30 HRS Farrer Rd towards Queensway

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We hereby authorized by our client **DAIMLER FLEET MANAGEMENT S'PORE PTE LTD**, the owner/driver of the above mentioned vehicle No.: **SLQ7955S**

We notice that the above accident was caused by your insured/driver negligent driving and/or management of motor vehicle No.: **SMX9317Y**

Therefore we are instructed by our client to claim against you/your insured driver in connection with the above captioned accident involving our client's vehicle No.: **SLQ7955S** and vehicle No.: **SMX9317Y** by your insured/driver at the material time. As a result, our client's vehicle was damaged and our client has been put to loss and expenses. Please assign your surveyor to inspect the above mentioned vehicle in the next 48hrs. Filling which, we will proceed to the repair of the vehicle. Details of claim will submitted to you in due course.

The vehicle is now garage at: **TONG LUCK AUTO PTE LTD**  
160 Sin Ming Drive  
#07-01/06 Sin Ming Autocity  
Singapore 575722  
Tel: 6250 0088

Your kind attention to the matter would be much appreciated.

Yours faithfully,

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TONG LUCK AUTO PTE LTD

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	27/08/2022 23:21 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Farrer Rd towards Queensway
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7955S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Company Reg No	1XXXXX778Z
Email Address	derrick.lee@mercedes-benz.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	AVANTGARDE (R17 LED)
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	999995580

#### DRIVER

Name of Driver	KAIZAR ROHINTON KARKARIA
NRIC No	SXXXX519A
Date Of Birth	28/08/1978
Occupation	Indoor



Date Of Driving Pass	15/03/2011
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83822878
Alt. Phone Number	-
Email Address	kaizar.sunita@gmail.com
Address	Hillcrest Park
Address complement	76 Hillcrest Road
Postcode	288950
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

My vehicle SLQ7955S was stationary along Farrer Rd towards Queenstown while in the queueing due to the traffic light. While stationary, Suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SMX9317X had collided onto my vehicle. It involved 3 vehicle in total. I managed to take some photos and exchange contact details with both parties, no injuries was involved at the scene.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE PENDING TO BE PROVIDED FROM DAIMLER FLEET MANAGEMENT.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX9317Y
Vehicle Manufacturer	BMW
Vehicle Model	X1
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QIKAI HU
Contact Number	(Phone) +65-85008342
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER 1
Gender	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGL8487E
Vehicle Manufacturer	Lexus
Vehicle Model	Rx200t
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TED
Contact Number	(Phone) +65-98203675
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER 1
Gender	-

**SKETCH PLAN****IMPORTANT NOTICE**

- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- 5 Any false reporting may be referred to the Police for investigation.
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid
- 8 **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims
 (collectively the "Purposes")
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Muhammad Sumardi Bin Mohd Affandi  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM


## Describe Circumstances of the Accident

My vehicle SLQ7955S was stationary along Farrer Rd towards Queenstown while in the queueing due to the traffic light. While stationary, Suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SMX9317X had collided onto my vehicle. It involved 3 vehicle in total. I managed to take some photos and exchange contact details with both parties, no injuries was involved at the scene.

## Declaration

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed By Reporting Officer  
Muhammad Sumardi Bin Mohd Affandi  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel